



## 2018 Summer Club Camp Registration Form

Cornerstone is excited to offer our Summer Club Camp to student's K-8<sup>th</sup> grade. A one-time registration fee of \$45.00 is due with the registration form

**The following 3 Camp Schedules are available**

- **First Session June 18-22 (payment due 6/11) & June 25-29 (payment due 6/18)**  
Themes for this session will include Sports and Arts
- **Second Session July 9-13 (payment due 7/2) & July 16-20 (payment due 7/9)**  
Themes for this session will include Science, Technology and Water Play
- **Third Session July 23-27 (payment due 7/16) & July 30-Aug 3 (payment due 7/23)**  
Themes for this session will include Camping and Computers

**Students must be signed in and out of Summer Club Camp by an authorized person.**

All students, Kindergarten through 8th grade, on campus **MUST** be supervised by our Club Camp Staff. Please notify the Club Camp Staff if you have changes to your emergency card.

*\*Once completed please email your form to [summercamp@ccs-w.org](mailto:summercamp@ccs-w.org) or feel free to bring it to the office\**

**Club Camp Fees**

- 7:00 am-6:00 pm \$40.00 per day or \$180.00 weekly rate must be 5 days
- 8:30 am-3:00 pm \$30.00 per day
- Drop in care is an additional \$10.00 fee added to the \$40.00 daily rate (total of \$50 a day)

**Note:** This additional \$10.00 fee will apply to each child that does not have a Session plan paid in full. This is ONLY for "Drop In Care" it will be a total of \$50.00 a day.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**For office use only: Amount Paid \$ \_\_\_\_\_ Number of Children \_\_\_\_\_**

First Session Plan Amount Paid- \$ \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

First Session	Monday	Tuesday	Wednesday	Thursday	Friday
June 18-22					
June 25-29					

Second Session Plan Amount Paid- \$ \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Second Session	Monday	Tuesday	Wednesday	Thursday	Friday
July 9-13					
July 16-20					

Third Session Plan Amount Paid- \$ \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Third Session	Monday	Tuesday	Wednesday	Thursday	Friday
July 23-27					
July 30-Aug 3					

\* 2018 \*



\_\_\_\_\_  
(name of allergy)

# EMERGENCY CARD

Print Clearly

<b>Student LAST NAME</b>	<b>Legal FIRST NAME</b>	<b>"NICKNAME"</b>	___ Male ___ Female
Home Address		City, State, Zip	
Home Phone # (if none, write "none")	<b>Entering Grade</b>	Date of Birth:	
Student Cell #	Student e-mail address:		
<b>Father's Legal Name:</b>	Work Phone #		
	Home Phone #		
<b>Father's Email address:</b>	Cell #		
<b>Mother's legal Name:</b>	Work Phone #		
	Home Phone #		
<b>Mother's Email address:</b>	Cell #		

Student lives with: \_\_\_ Both Parents 100% \_\_\_ Mother \_\_\_% \_\_\_ Father \_\_\_% \_\_\_ Guardian

Person to call FIRST: \_\_\_\_\_

### EMERGENCY INFORMATION (Please notify CCS Office if this information changes.)

Please provide name, relationship, and phone of **local person(s)** other than parents to have your child picked up if he/she becomes ill at school and parents cannot be reached.

**Students will only be released to those persons listed below.**

Name	Relationship	Home Phone and/or Cell #
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Name: \_\_\_\_\_

**Medical Information:** Place a check in the box provided if the answer is yes. If yes, please list details below.

**NO KNOWN HEALTH PROBLEMS**

- Allergy-Bee Sting
- Allergy-Food (List)
- Allergy-Medication List)
- Allergy-Pollen/Dust/Hay fever
- Asthma-(no medication needed at school)
- Asthma-(medication needed at school)
- Blood Disorder

- Epilepsy/Seizures
- Cancer/Leukemia
- Cerebral Palsy
- Color Blindness
- Diabetic
- Hearing Aid Used
- Hearing Loss (which ear \_\_\_\_\_)

- Hemophilia
- ADD/ADHD
- Medication taken (list)
- Medication needed at school (list)
- Speech Problem
- Glasses/Contacts
- Others (list below)

Are there any physical conditions, which need special consideration in the event of an emergency?  
(Such as allergy to medicine, food, cardiac condition, diabetes, etc.?) Please explain.

**IMPORTANT:**

**ALL MEDICATIONS DISPENSED AT SCHOOL MUST BE IN ITS ORIGINAL CONTAINER.**

CCS staff does not dispense any type of medication (prescription & non-prescription) to students unless brought in by the parent, in its original container, and a consent form is signed.

**PRESCRIPTION & NON-PRESCRIPTION MEDICATIONS ARE TO BE DISPENSED BY CCS STAFF ONLY.**

Name of Physician \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

**Dear Parent/Guardian:** Your signature below authorizes CCS to contact the physician listed above to render necessary emergency treatment for serious injury or accident (at your expense) if neither parent/guardian can be reached. This further authorizes CCS to take your child to a local physician of the school's choice if your physician is not available. In the event of an emergency, your child will be taken to the nearest hospital. In the event emergency treatment is necessary, CCS will be held harmless in all decisions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date